

NEW HAMPSHIRE REAL ESTATE COMMISSION  
STATE HOUSE ANNEX, 4<sup>TH</sup> FLOOR, ROOM 434  
25 CAPITOL STREET  
CONCORD, NEW HAMPSHIRE 03301

**ARREST & CONVICTION FORM**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PHONE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DATE (S) OF INCIDENT (S) \_\_\_\_\_

PLACE (S) OF ARREST (S) \_\_\_\_\_

POLICE AGENCY (IES) MAKING ARRESTS \_\_\_\_\_

INITIAL CHARGE (S) \_\_\_\_\_

CLASS OF CRIME (S) (FELONY/MISDEMEANOR) \_\_\_\_\_

COURT (S) OF ARRAIGNMENT \_\_\_\_\_

PLEA (S) & DATE (S) \_\_\_\_\_

ACTION (S) OF ARRAIGNMENT COURT (S) \_\_\_\_\_

GRAND JURY ACTION (S) \_\_\_\_\_ COURTS (S) OR TRIAL (S) \_\_\_\_\_

FINAL CHARGE (S) \_\_\_\_\_ SENTENCE (S) \_\_\_\_\_

TIME SERVED & DATE \_\_\_\_\_

INSTITUTION (S) WHERE TIME SERVED \_\_\_\_\_

DATE RELEASED ON PAROLE/PROBATION \_\_\_\_\_

AMOUNT OF TIME ON PAROLE/PROBATION \_\_\_\_\_

NAME OF PAROLE/PROBATION OFFICER \_\_\_\_\_

ADDRESS & PHONE NO. OF PAROLE/PROBATION OFFICER \_\_\_\_\_

\_\_\_\_\_  
DETAILS AND EXPLANATIONS (ATTACH TO THIS FORM)